

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET		CLAIMS	
APPLICANT(S)		SERIAL NO.	
FILING DATE			
AS FILED		1	1
AFTER 1ST AMENDMENT		2	2
AFTER 2ND AMENDMENT		3	3
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		50	50
TOTAL DEP.		TOTAL DEP.	
TOTAL NO.		TOTAL NO.	
CLAIMS		CLAIMS	

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
101		1					51		
2		1					52		
3		1					53		
4		1					54		
5	1						55		
6		1					56		
7		1					57		
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43							93		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	43						TOTAL DEP.		
TOTAL CLAIMS	48						TOTAL CLAIMS		